
A Typology of Social Workers in Long-Term Care Facilities in Israel

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This article explores moral distress among long-term care facility (LTCF) social workers by examining the relationships between moral distress and environmental and personal features. Based on these features, authors identified a typology of LTCF social workers and how they handle moral distress. Such a typology can assist in the identification of social workers who are in a particular need for assistance. Overall, 216 LTCF social workers took part in the study. A two-step cluster analysis was conducted to identify a typology of LTCF social workers based on features such as ethical environment, support in workplace, mastery, and resilience. The variance of the identified clusters and their associations with moral distress were examined, and four clusters of LTCF social workers were identified. The clusters varied from each other in relation to their personal and environmental features and in relation to their experience of moral distress. The article concludes with a discussion of the importance of developing programs for LTCF social workers that provide support and enhancement of personal resources and an adequate and ethical environment for practice.

KEY WORDS: *aging and older adults; ethics; long-term care facilities; residential care*

Long-term care facilities (LTCFs) for older adults in Israel are part of a spectrum of long-term care services (Brodsky, Shnoor, & Be'er, 2012). LTCFs in Israel consist of three main categories: nursing homes for older adults who suffer from functional and mental impairment; old age homes for functionally independent and semidependent frail older adults (Iecovich, 2001); and continuing care retirement communities (CCRCs), for mostly functionally independent older adults (Ayalon & Green, 2012). These three types of LTCFs can be viewed on a continuum of autonomy versus mastery, with nursing homes being the most controlled institutions, where older adults have very limited autonomy (Lang, Löger, & Amann, 2007) and CCRCs representing the other side of the spectrum as institutions that provide older adults with choice and self-determination (Ayalon & Green, 2012).

LTCFs, especially nursing homes, have been described in the literature as possessing characteristics of total institutions (Lang et al., 2007). These total features are often expressed by the desire for conformity and obedience (Solomon, 2004) and by a drive toward functional efficiency, which is reflected in a rigid daily routine, a lack of privacy and autonomy, and limited choice opportunities (see, for example, Angelelli, 2006; Harnett, 2010).

These features could potentially weaken the power of the residents when facing the management and staff (Nelson, 2000). The imbalance in resources between the residents and the management and staff can make it difficult for social workers to act in accordance with their primary obligation to the residents (see, for example, Allen, Nelson, Netting, & Cox, 2007; Lev & Ayalon, 2015, 2016a). The total features of LTCFs, on the one hand, and the role of social workers as advocates of the residents, on the other hand, could intensify the difficulties of social workers to act in accordance with their obligation to the residents (Nelson, 2000).

A prominent concept, which is taken from the nursing literature and relates to this ethical conflict and its emotional ramifications, is moral distress. *Moral distress* occurs in situations when a nurse has difficulties to act in accordance with professional morality due to institutional constraints and restrictions (Jameton, 1984). A significant conceptual extension of this definition emerges from a qualitative study by Källemark, Höglund, Hansson, Westerholm, and Arnetz (2004), who found that moral distress also occurs in situations when a professional acts in accordance with his or her moral obligation, but, in doing so, clashes with regulations. This implies that moral distress could be a result of any situation in which the

actions of a professional lead to a violation of an obligation either to the management or to the clients (Kälvemark et al., 2004).

This concept has been widely discussed and explored in the nursing literature and was more recently expanded in relation to other health professions (see, for example, Corley, Elswick, Gorman, & Clor, 2001; Hamric & Blackhall, 2007). However, very few studies have addressed moral distress among social workers (Houston et al., 2013; Mänttari-van der Kuip, 2016). The limited research on moral distress among social workers is unexpected as a significant ethical component is inherent in the social work profession (Weinberg, 2009). Perhaps this can be explained by the unique features of ethical dilemmas faced by social workers. Whereas ethical dilemmas among health professions usually tend to involve life-and-death issues, ethical dilemmas faced by social workers tend to be less dramatic, tangible, or concrete (Weinberg, 2009).

ENVIRONMENTAL AND PERSONAL RESOURCES IN RELATION TO MORAL DISTRESS

The theoretical literature has emphasized the importance of environmental and personal resources for effective coping with moral distress (Corley, 2002; Wilkinson, 1988). A prominent environmental resource, which has been associated with moral distress, is the ethical climate or environment. *Ethical climate* is defined as “the perceived perceptions, prescriptions and permissions regarding moral obligations in organizations” (Victor & Cullen, 1988, p. 101). Studies have indicated a negative correlation between the ethical climate or environment and moral distress among nurses and physicians (see, for example, Corley, Minick, Elswick, & Jacobs, 2005; Hamric & Blackhall, 2007). Similarly, ethical climate has been negatively correlated with ethical stress among social workers (see, for example, O'Donnell et al., 2008).

Support in the workplace is another environmental resource associated with moral distress. Studies have indicated that moral distress has been negatively correlated with the possibility of consulting with colleagues and with high instrumental leadership among nurses (de Veer, Francke, Struijs, & Willems, 2013). Similarly, support from superiors and coworkers has been associated with low levels of stress of conscience among health care employees (Glasberg, Eriksson, & Norberg, 2008).

The relationships of personal variables to moral distress have received less attention. Yet, studies have indicated that moral distress is negatively associated with variables that include psychological elements such as empowerment (see, for example, Browning, 2013) and autonomy (see, for example, Karanikola et al., 2014). Personal resources, such as mastery and resilience, also have been explored in relation to stress of conscience. *Mastery*, defined as “the extent to which one regards one’s life-chances as being under one’s own control in contrast to being fatalistically ruled” (Pearlin & Schooler, 1978, p. 5), has been negatively correlated with stress of conscience (Tuveesson, Eklund, & Wann-Hansson, 2012). Similarly, *resilience*, defined as “a personality characteristic that moderates the negative effects of stress and promotes adaptation” (Wagnild & Young, 1993, p. 165), also has been negatively associated with stress of conscience (Glasberg et al., 2008).

PRESENT STUDY

The aim of the present study is to explore whether a typology of social workers in LTCFs exists. We expected that the classification of social workers would vary based on both environmental (ethical environment and support) and personal characteristics (mastery and resilience), so that certain types of social workers report more moral distress than others. The identification of a typology can be beneficial as it potentially allows for easy identification of those social workers who are most vulnerable to moral distress and can benefit from further assistance.

METHOD

Sample

Eligibility criteria included social workers who were employed at least six months in LTCFs. To ensure a high participation rate, phone calls were placed to all LTCFs in Israel: 215 nursing homes, 94 integrated old-age homes (which include nursing departments), 75 old-age homes, and 185 CCRCs (Brodsky et al., 2012). Nursing homes and old-age homes were identified through Israel’s Ministries of Health and Social Affairs Web sites. The CCRCs were located through private and public Web sites. The first author introduced herself and the study and asked for permission to contact the social workers employed in the facility. After permission was granted, the questionnaires were sent by e-mail or post and

collected through a Google Drive application, e-mail, fax, or post, to meet participants' preference. In some occasions, the first author came to the facility and provided a lecture on the research topic after the social workers answered the questionnaire. Additional participants were located through conferences and courses targeting this population. A total of 216 questionnaires were collected.

No official information is available regarding the exact number of social workers in LTCFs in Israel. However, it can be assumed that there are around 250 to 300 social workers employed in nursing homes and old-age homes in Israel based on the standard of one social worker per 100 beds (Brodsky et al., 2012). This does not represent an exact number because some of the social workers are employed in more than one facility or work part time. Because there are no standards for social work services in CCRCs, we have no appraisal of the number of social workers in these facilities. We do know, however, that out of the 343 institutions that were approached, 302 agreed to participate in the study.

The study population included 216 social workers. Of these, the majority were employed in nursing homes (37.7 percent), old-age homes (12.7 percent), integrated old-age homes (32.5 percent), and CCRCs (17 percent). The majority (91 percent) were women, 58 percent had a bachelor's degree, 41 percent had a master's degree, and 1 percent (two participants) had a PhD. Their ages ranged between 23 and 77 years.

Measures

Unless previously available in Hebrew, all measures were back translated by independent translators.

Outcome Variable. Moral distress was measured by a questionnaire developed by the authors specifically for the purpose of this study (Lev & Ayalon, in press). The questionnaire consists of 15 items that describe perceptions or actions related to possible conflictual situations for social workers in LTCFs (for example, "I acted in a way that has been in contradiction to my professional beliefs due to pressures by the institution's management"; "I confronted the institution's management when I perceived its conduct as being in contradiction with the best interests of the residents"). Participants were asked to rate the perceived frequency of each item on a six-point scale ranging between 0 = not at all and 5 = often, and the intensity of moral distress that followed the

event on a six-point scale ranging between 0 = not at all and 5 = high intensity (Lev & Ayalon, in press). A multiplication of these two scales was used to reflect overall moral distress. Internal consistency in the present study was .92.

Environmental and Personal Indicators. The ethical environment was measured by the Ethical Environment Questionnaire. The scale consists of 20 items that are worded both positively (for example, "The administration in this organization is concerned with ethical practice") and negatively (for example, "Procedures and policies for employees in this organization do not support ethical practice"). Participants were asked to rate their level of agreement on a five-point scale that ranged between 1 = strongly disagree and 5 = strongly agree (McDaniel, 1997). Internal consistency in the present study was .95.

The support questionnaire was taken from the General Nordic Questionnaire for Psychological and Social Factors at Work. For the purpose of the present study, we created a new variable, support in the workplace, which consisted of the two sources of support that relate to the workplace: support from superiors (three items, for example, "If needed, is your immediate superior willing to listen to your work-related problems?") and support from coworkers (two items, for example, "If needed, can you get support and help with your work from your coworkers?"). Participants were asked to rate their level of support on a five-point scale, ranging between 1 = very seldom or never and 5 = very often or always (Lindström et al., 2000). Internal consistency in the present study was .88.

The mastery scale was developed by Pearlin and Schooler (1978) and translated to Hebrew by Hobfoll and Walfisch (1984). The questionnaire consists of seven items that are worded either negatively (for example, "There is little I can do to change many of the important things in my life") or positively (for example, "What happens to me in the future mostly depends on me"). Participants were asked to rate their level of agreement on a four-point scale that ranged from 1 = strongly disagree to 4 = strongly agree (Pearlin & Schooler, 1978). Internal consistency in the present study was .76.

The resilience scale was developed by Wagnild and Young (1993). The questionnaire consists of 25 items (for example, "When I make plans I follow through with them;" "I am able to depend on

myself more than anyone else”). Participants were asked to rate their level of agreement on a seven-point scale that ranged from 1 = disagree to 7 = agree (Wagnild & Young, 1993). Internal consistency in the present study was .91.

Covariates. The sociodemographic questionnaire collected information on gender, age, education, and seniority as social workers. In addition, social workers were asked about the type of institution (private versus public) at which they worked.

Study Procedure and Analysis

The study was approved by the ethics committee of Bar Ilan University, in Israel. All participants received a comprehensive explanation about the study prior to giving their informed consent to participate in the study. Data were analyzed using SPSS (version 23 for Windows). Then we assessed the correlations between moral distress and the environmental (ethical environment, support in the workplace) and personal (mastery and resilience).

To identify a typology of LTCF social workers based on environmental and personal features, a two-step cluster analysis was conducted. Cluster analysis represents a convenient method for organizing a large data set, by summarizing it into a small number of groups that provide a concise description of patterns, similarities, and differences in the data (Everitt, Landau, Leese, & Stahl, 2011). First, an algorithm creates preclusters based on a distance measure. Then, the algorithm decides for each case whether it should be merged with the previously formed precluster or construct a new precluster. After completing the preclustering process, all cases in the same precluster are treated as a single entity. In the second step, a standard hierarchical clustering algorithm is used to explore a range of solutions with different numbers of clusters, based on Schwarz’s Bayesian information criterion (BIC) or the Akaike information criterion. In the present study, we relied on the BIC, which allows for comparisons of more than two models at the same time (Norušis, 2012). The algorithm in a two-step cluster analysis yields the optimal number of clusters. The silhouette coefficient is a popular measure, which indicates the “goodness” of the cluster solution, by exploring both cohesion and separation. The silhouette measure ranges between -1 and $+1$, with a higher score indicating that the elements within a cluster are cohesive, while the clusters are distinguishable (Norušis, 2012).

The identified clusters were examined in relation to their four constituent variables (the ethical environment, support in workplace, mastery, and resilience). Because of the association between these four variables, a multivariate analysis of variance (MANOVA) was conducted. This analysis reduces Type 1 error by creating a new dependent variable that consists of a linear combination of the original dependent variables (Pallant, 2013).

Next, we examined whether moral distress differs across the proposed clusters, using a one-way analysis of variance (ANOVA). In a subsequent adjusted analysis of covariance, three characteristics of the participants (age, education, and seniority in social work) and one characteristic of the institution (private versus public ownership) were used as covariates to control for potential group differences. These variables were chosen because of previous studies that have indicated a correlation between age, education, and moral distress (Corley et al., 2005; Meltzer & Huckabay, 2004) as well as a relationship between seniority and institution ownership and stress (Ramos & Jordão, 2013).

RESULTS

We found a high negative correlation between the ethical environment and moral distress, and a moderate negative correlation between moral distress and support in the workplace. In addition, there were low negative correlations between personal features (mastery and resilience) and moral distress (see Table 1).

A Typology of LTCF Social Workers

A two-step cluster analysis was conducted with the ethical environment, support in the workplace, mastery, and resilience as constituent variables. The supported model contained four clusters. The silhouette coefficient measure was 0.4, which is considered fair. The clusters differed from each other on all four measures (see Table 2).

Cluster 1, the environmental rich cluster, consisted of 56 participants. It was characterized by relatively high environmental resources and low personal resources. Cluster 2, the resourceless cluster, consisted of 33 participants. It was characterized by low environmental and personal resources. Cluster 3, the personal rich cluster, was the largest cluster and consisted of 71 participants. It presented an opposite picture to cluster 1, with relatively low environmental resources and high personal resources. Finally, cluster 4, the resourceful cluster, consisted of 56 participants, presented

Table 1: Descriptive Statistics and Correlations among Relevant Variables (N = 216)

Variable	M	SD	1	2	3	4	5
1 Moral distress	3.88	3.66	1.00				
2 Ethical environment	3.66	0.76	-.68***	1.00			
3 Support in the workplace	3.92	0.89	-.40***	.60***	1.00		
4 Mastery	3.21	0.49	-.23**	.34***	.29***	1.00	
5 Resilience	5.34	0.74	-.14*	.34***	.29***	.46***	1.00

* $p < .05$. ** $p < .01$. *** $p < .001$.**Table 2: Distinctions between the Four Clusters with Regard to Environmental and Personal Characteristics (N = 216)**

Cluster	Environmental Rich Cluster n = 56 (25.9%)		Resourceless Cluster n = 33 (15.3%)		Personal Rich Cluster n = 71 (32.9%)		Resourceful Cluster n = 56 (25.9%)		F
	M	SD	M	SD	M	SD	M	SD	
Ethical environment	3.80 ^a	.440	3.01 ^b	.610	3.28 ^b	.720	4.39 ^c	.400	57.63**
Support at work	4.50 ^a	.430	2.73 ^b	.770	3.47 ^c	.590	4.61 ^a	.460	115.88**
Mastery	2.95 ^a	.360	2.56 ^b	.440	3.38 ^c	.280	3.66 ^d	.240	100.88**
Resilience	5.05 ^a	.380	4.46 ^b	1.04	5.50 ^c	.410	5.95 ^d	.430	58.06**

Note: The four clusters have been identified using a two-step cluster analysis.

^a, ^b, ^c, ^d Different superscripts in the same row indicate significant differences ($p < .05$), using post hoc analysis. Same superscripts in a row indicate nonsignificant differences ($p > .05$).** $p < .01$.

an opposite picture to cluster 2, with high environmental and personal resources.

Based on a MANOVA, there was a significant difference on the combined variables that created the four clusters: $F(12, 553.25) = 62.36, p = .000$; Wilks's $\lambda = .10$; partial $\eta^2 = .53$. All variables had statistical significance, using a Bonferroni adjusted alpha level of .0125. The ethical environment: $F(3, 212) = 57.36, p = .000$, partial $\eta^2 = .45$; support in workplace: $F(3, 212) = 115.88, p = .000$, partial $\eta^2 = .62$; mastery: $F(3, 212) = 100.89, p = .000$, partial $\eta^2 = .59$; and resilience: $F(3, 212) = 58.06, p = .000$, partial $\eta^2 = .45$.

Post hoc comparisons for the ethical environment, using the Bonferroni test, indicated that the environmental rich cluster and the resourceful cluster were significantly different from all other clusters. As for support in the workplace, the resourceless cluster and the personal rich cluster were significantly different from the other clusters. Post hoc comparisons for mastery and resilience, using the Bonferroni test, indicated that all four clusters were significantly different from each other (see Table 2).

LTCF Social Workers' Typology in Relation to Moral Distress

ANOVA was conducted to examine whether these four clusters truly differ with respect to moral distress.

In the unadjusted model there was a significance difference between the four clusters [$F(3,212) = 22.24, p = .000$]. Subsequently, three characteristics of the participants (age, education, and experience) and one characteristic of the environment (ownership) were used as covariates in this analysis. After adjusting for these covariates, significant differences between the groups in moral distress were maintained [$F(3, 186) = 20.51, p = .000$]; partial η^2 was = .25.

Post hoc comparisons, using the Bonferroni test, indicated that the mean scores for the environmental rich cluster ($M = 3.00, SD = 0.46$) and the resourceful cluster ($M = 1.32, SD = 0.45$) were significantly different from the resourceless cluster ($M = 5.65, SD = 0.60$) and the personal rich cluster ($M = 5.58, SD = 0.40$). The environmental rich cluster did not differ significantly from the resourceful cluster, whereas the resourceless cluster did not differ significantly from the personal rich cluster.

DISCUSSION

The present study aimed to explore the environmental (that is, ethical environment and support from the workplace) and personal (that is, mastery and resilience) resources of LTCF social workers through the creation of a typology. This typology was subsequently examined in relation to moral distress. Four clusters were identified: (1) the environmental

rich cluster, which was characterized by relatively high environmental resources and low personal resources; (2) the resourceless cluster, which was characterized by relatively low personal and environmental resources; (3) the personal rich cluster, which was characterized by relatively high personal resources and low environmental resources; and (4) the resourceful cluster, which was characterized by relatively high personal and environmental resources. These four clusters differed from each other in relation to their experience of moral distress. As expected, the resourceful cluster experienced the lowest levels of moral distress, whereas the resourceless cluster experienced the highest levels of moral distress.

Although both kinds of resources have shown to be associated with moral distress (see, for example, [Browning, 2013](#); [Corley et al., 2005](#); [de Veer et al., 2013](#)), the present study's results have indicated the relative importance of environmental resources over personal resources. The two clusters that were characterized by relatively low levels of environmental resources (the resourceless cluster and the personal rich cluster) experienced significantly more moral distress than the two other clusters that were characterized by relatively high levels of environmental resources (the environmental rich cluster and the resourceful cluster). This shows that LTCFs potentially have a leeway to ameliorate moral distress through the establishment of adequate environmental conditions.

The inclusion of the ethical environment in the definition of moral distress is reflected in most of the existing moral distress questionnaires, as well as in the present questionnaire, as the ethical environment can be perceived as parallel, in certain aspects, to the frequency of occurrence of moral triggers in the environment ([Corley et al., 2001](#); [Hamric & Blackhall, 2007](#); [Lev & Ayalon, 2016b](#)). Thus, the moderate to high correlations between environmental features and moral distress, found in the present study, can be partially explained by environmental aspects, embedded in the frequency scale of the questionnaire.

Unlike environmental variables, the relationship between personal variables and moral distress has been less clear. Theoretical models of moral distress have emphasized the importance of personal perceptions and characteristics, such as moral concepts, moral awareness, moral courage, and empathy, as prerequisites for the experience of moral distress (see, for example, [Corley, 2002](#); [Wilkinson, 1988](#)). It can

be assumed that the more the professionals are aware of and sensitive toward moral conflicts in their workplace, the more moral distress they experience. Thus, personal variables, related to moral aspects, could potentially have a positive association with moral distress. On the other hand, personal variables such as mastery, resilience, and moral courage that emphasize personal features such as activation, control, and adaptation (see, for example, [Pearlin & Schooler, 1978](#); [Wagnild & Young, 1993](#)) can serve as coping tools for professionals who face moral conflicts. These features could potentially enhance the ability of professionals to act in accordance with their moral obligation and, as a result, reduce their moral distress. Thus, the relationships between moral distress and personal features could be bidirectional. Certain personal features might enhance moral awareness and, therefore, would increase moral distress. Other personal features might enhance the ability to act in accordance with one's moral obligation and, therefore, would reduce moral distress. The limited reference to personal aspects in the moral distress questionnaire as well as the bidirectional and less clear-cut relations between personal features and moral distress can explain the low negative correlations in the present study.

Although the present study points to clear associations between environmental resources and moral distress compared with less clear and more complex associations between personal resources and moral distress, this study stresses the integration of both kinds of variables: the environmental and the personal. This integration allows for a more complex, thorough, and comprehensive understanding of the dynamics of moral distress among LTCF social workers and contributes to a better understanding of a typology of social workers in LTCFs.

The four clusters that were found in the present study are parallel to the four prototypes of nursing home social workers that were found in a qualitative study that has served as the basis for the present study ([Lev & Ayalon, 2016a](#)). Both studies have stressed the role of personal and environmental resources in potential coping methods to deal with moral distress in the quantitative study or with the obligation conflict (that is, a situation in which the social workers' primary obligation to the residents is threatened by conflicting obligation to the management) in the qualitative study. The environmental rich cluster is parallel to the contented type, found in the qualitative study. This type was

characterized by perceived high environmental resources and low personal resources, and a relatively minor experience of obligation conflict. The resourceless cluster is parallel to the frustrated type, which was characterized by perceived low environmental and personal resources and a prominent experience of obligation conflict. The personal rich cluster is parallel to the fighter type, which was characterized by perceived low environmental resources, high personal resources, and a prominent experience of obligation conflict. Finally, the resourceful cluster is parallel to the managerial type, which was characterized by perceived high environmental and personal resources and a relatively minor experience of obligation conflict. The resemblance between the findings of the present study and the qualitative study (Lev & Ayalon, 2016a) represents a triangulation of the findings and increases the validity of these findings (Greene, Caracelli, & Graham, 1989).

Despite its strengths, this study has several limitations. The personal variables that were used in the present study do not include a moral component, and therefore have not assessed explicitly the social worker's moral awareness or his or her ability to act morally. Examining personal features that contain a moral component, like empathy, moral awareness, and moral courage (see, for example, Corley, 2002; Wilkinson, 1988) could enrich our understanding. Another limitation stems from the sampling method. Although we attempted to recruit all relevant social workers in the country, we yielded a response rate of 88.5 percent at the most. Because of limited information about those who refused to participate in the study, we are unable to determine the representativeness of the sample.

The findings of the present study emphasize the contribution of both environmental and personal resources to the ability of the LTCF social worker to manage and cope with ethical conflicts in their workplace. This calls for the development of programs that provide support and an adequate ethical environment in the workplace. Personal characteristics, such as mastery or resilience, could also be enhanced through educational interventions (O'Donoghue & Tsui, 2013). These actions would contribute to strengthening the ability of social workers to fulfill their role as advocates for the residents (Nelson, 2000) as well as for themselves and, thereby, potentially reduce their moral distress. Even more important, this could potentially ensure the security and

the well-being of the residents. Through the development of a typology, the study outlines particular social workers at a greater need for support as well as specific environmental characteristics of relevance, which is particularly useful given the important role that moral distress plays in the lives of both social workers and their clients. **SW**

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